MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D NOV 14 1939

34870
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON — Registration District No. 399
(b) Township RAW — Primary Registration District No. 1002 — Registered No. 3845
(c) City KANSAS CITY (d) Street No. NORTHEAST HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 8 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS. DOROTHY LUCILLE MACKEY BAST
(a) Residence, No. ESTILL HOTEL - 1018 BROADWAY St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF HARRY C. BAST

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT-21-1903

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	36	0	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

FATHER
13. NAME ALBERT MACKEY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME LOTTIE UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MR HARRY C BAST
(ADDRESS) 1018 BROADWAY

18. BURIAL, CREMATION, OR REMOVAL
PLACE HUTCHINSON, KANSAS DATE OCTOBER-5 1939

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SONS
(ADDRESS) 1401 - BRUSH CREEK BLVD

20. FILED 10-5 1939 Mina Grouse
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-4 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1939 to October 4, 1939
I last saw her alive on October 3, 1939. Death is said to have occurred on the date stated above, at 1:10 A.m.
The principal cause of death and related causes of importance were as follows:

Tetnus with Associated Asphyxia — Date of onset 2 D

Other contributory causes of importance: Primary Lounge of Infection Unknown

Name of operation None — Date of — What test confirmed diagnosis? Lab Exam — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dr Frank C Day, M. D.
(Address) 4316 E 9th, K C Mo

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X14025

OCT 13 1921

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kansas City - Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.